

June 2000

To Our Partners in Health:

As we release our first Health Profiles report of the new century we are continuing the process of refining, improving and expanding the scope of this assessment of our community's health status. This dynamic process allows the San Antonio Metropolitan Health District to measure our progress in pursuit of our mission to promote and protect the health of all San Antonio and Bexar County residents as well as visitors to our community.

Every community shares many traits in common with living organisms and there are indicators that either contribute to or frustrate efforts to create, nurture and sustain healthy environments where everyone has the opportunity to reach his or her full potential. Our ability to identify, measure and track these indicators has improved dramatically in recent years. Each year our Health Profiles report is more focused and comprehensive as a result of our ability to capture and analyze more of these indicators. We have also grown in our awareness and appreciation of the complex patterns and subtle interactions that characterize all human endeavors. Our challenge in the years ahead is to combine this newly available data with our growing insights on human behavior and fashion an agenda for action that will influence policy makers, impact priority setting and resource allocation and promote meaningful and sustainable change.

Some of public health's earliest victories provided us with confidence that the food we ate, the water we drank and the air we breathed could be made safe. Protocols for ongoing inspection and regulation have proven extremely effective in providing a high level of protection. Improved rates of immunization against vaccine preventable diseases in conjunction with aggressive educational efforts and technological advances allowing us to manipulate and modify some environmental conditions have resulted in impressive victories over many communicable diseases. By any measure, public health's record of achievement during this past century has been substantial and impressive.

The challenge for the 21st century is to assure that all of our fellow citizens share equally in these hard won victories. The sophisticated instruments that allow us to measure conditions and monitor progress have shown that not all segments of our community share equally in the benefits that result from these advances. Significant disparities in both access to health care and in specific health outcomes are increasingly well documented. This calls for a re-focusing of our energies, a re-alignment of our resources and a re-dedication of our commitment. Success will be as dependent on our political

will as on our health care technology. These new challenges are more often than not behavior driven and imbedded in the social environment that surrounds many of our fellow citizens. The behavior patterns and social pathologies facing the public health professionals and their clinical colleagues in the new century will require additional skills as well as new sensitivities. The task of addressing problems such as teen-age pregnancy, sexually transmitted diseases, mental health, interpersonal violence, substance abuse, chronic diseases and re-emerging infectious diseases will continue to lay claim to an increasing share of our always-limited resources.

Our report this year continues to reflect our concern about some of the more important determinants of community health as well as the indicators themselves. These include the prevalence and impact of poverty, crime, poor housing and educational deficits on selected high -risk populations. You will find more information on adolescents, an in depth review of cancer deaths and an examination of diabetes, both as a primary and contributing cause of death. New data on asthma is included to reflect our growing attention to this troubling condition, especially among our children. The full report will be available on the SAMHD web page (www.samhd.org).

The health concerns highlighted here cannot be addressed solely with public health resources. We must work to develop alliances, coalitions, and partnerships that will allow us to draw state, federal and local community assets together to counter the vast array of personal, social and environmental forces that contribute to poor health status. Sub-standard housing conditions, limited employment prospects, poor school performance can all combine to undermine the best-designed public health intervention strategies. We must also continue to develop service models that are less rigid and monolithic and more flexible and inclusive reflecting a more integrated and committed community approach. It is my hope that the data we present in the Health Profiles 1999 report will encourage and motivate such collaborative efforts.

My special thanks and appreciation go to the staff of public health professionals who serve our community with dedication and commitment. Their continuing efforts are reflected in this document. Their contributions, and those of our many community partners, help assure the continued health and wellbeing of our residents and visitors.

Sincerely,

A handwritten signature in black ink, appearing to read "Fernando A. Guerra". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Fernando A. Guerra, M.D., M.P.H.
Director of Health